

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Full Name (Last, First, Middle Initial)

A. Darin T Leetun MD

Mailing Address 4708 Ridgewood Lane

City State Zip Code
Grand Forks ND 58201-2829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altru

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2014

Transaction ID : 6430490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Haluk Altioek MD

Mailing Address 921 Robinhood Ln

City State Zip Code
La Grange Park IL 60526-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shriners Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 15 / 2014

Transaction ID : 6430494

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony B Brentlinger MD

Mailing Address 3705 Black Canyon Rd

City State Zip Code
Fort Worth TX 76109-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arlington Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 15 / 2014

Transaction ID : 6430495

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00